

EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

BRIDGET MORENO, ELIA §
QUIROGA, and DAVID WARD, §
individually and on behalf of others §
similarly situated, §
Plaintiffs, § Case No. SA07-CA-0284-OG
v. §
EDCARE MANAGEMENT, INC. §
Defendant. §

DECLARATION OF SUSAN GRECO

I, SUSAN GRECO, hereby declare, subject to the pains and penalties of perjury, as follows:

1. I am the Vice President of the Human Resources Department at Defendant EDCare Management, Inc. ("EDCare"), and have served in other management and administrative capacities for EDCare. I make this affidavit out of personal knowledge unless indicated otherwise.

2. EDCare is in the business of, among other things, providing management services to hospital emergency departments. Some of EDCare's functions include recruiting professionals, coordinating the schedules of healthcare professionals for emergency room coverage, and billing for services rendered.

3. As a general matter, for each hospital with which EDCare establishes a relationship, either a subsidiary or a professional limited liability corporation is formed. I have been involved with the formation or registration of many such entities. In Texas, EDCare is not a "member" of the professional limited liability corporations that contract with the hospitals.

4. Bridgette Moreno, Elia Quiroga and David Ward (collectively the "Plaintiffs") do not receive their wages from EDCare. The Plaintiffs receive their wages from Southwest General Emergency Physicians, PLLC, of Texas ("Southwest"). EDCare is not a member of Southwest.

5. Attached hereto as Exhibit A are redacted copies of W2 forms for the Plaintiffs for 2006. Aside from the employees' names, I have had their personal identifying information, addresses, tax identification numbers, and dollar amounts redacted for this public filing.

6. Each of the Plaintiffs' W2 forms identifies the employer as Southwest, not EDCare.

7. EDCare does not demand a particular schedule from any of the Plaintiffs or other nurse practitioners and physician assistants at Southwest. During at least the past couple of years, Plaintiff Moreno has played a substantial role in setting the schedules for nurse practitioners and physician assistants who work for Southwest. As I understand it, each nurse practitioner and physician assistant has typically determined the schedule that he or she wants to work each month, as well as the days on which he or she is unavailable.

I hereby certify that the foregoing is true and correct to the best of my knowledge, this _____
day of May, 2007, subject to the pains and penalties of perjury.



Susan Greco

REDACTED

a Control number 100012 04/MWT	Void <input type="checkbox"/>	OMB No. 1545-0008 MWT	000001	100012	
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code SOUTHWEST GENERAL EMERGENCY 3107 STIRLING RD STE 300 FT LAUDERDALE FL 33312		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
		7 Social security tips		8 Allocated tips	
d Employee's social security number		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans	
				12a See instructions for box 12 D	
				12b	
				12c	
				12d	
f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
15 State TX	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	
				19 Local income tax	20 Locality name

W-2 Wage and Tax Statement
Form **D**—For Employer.

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

REDACTED

a Control number 100013 04/MWT	Void <input type="checkbox"/>	OMB No. 1545-0008 MWT		000001	100013
b Employer identification number (EIN)					
c Employer's name, address, and ZIP code SOUTHWEST GENERAL EMERGENCY 3107 STIRLING RD STE 300 FT LAUDERDALE FL 33312		1 Wages, tips, other compensation 3 Social security wages 5 Medicare wages and tips 7 Social security tips		2 Federal income tax withheld 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips	
d Employee's social security number		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name		Suff.	11 Nonqualified plans	12a See instructions for box 12 D 12b 12c 12d	
			13 Statutory Employee <input type="checkbox"/>	Retirement plans <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
f Employee's address and ZIP code 15 State TX		14 Other			
Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

W-2 Wage and Tax Statement
Form **W-2** Wage and Tax Statement
Copy D—For Employer.

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

REDACTED

a Control number 100002 04/MWT	Void <input type="checkbox"/>	OMB No. 1545-0008 MWT	000001	100002
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code SOUTHWEST GENERAL EMERGENCY 3107 STIRLING RD STE 300 FT LAUDERDALE FL 33312		3 Social security wages	4 Social security tax withheld	
		5 Medicare wages and tips.	6 Medicare tax withheld	
		7 Social security tips	8 Allocated tips	
d Employee's social security number		9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and initial		11 Nonqualified plans	12a See instructions for box 12 D	
		13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	12b	
		14 Other	12c	
			12d	
f Employee's address and ZIP code				
16 State TX	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
				19 Local income tax
				20 Locality name

W-2 Wage and Tax Statement
Form Copy D—For Employer.

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